

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/019889</b>	FILING DATE <b>28 DEC 2001</b>		
						APPLICANT(S) <i>Meyer-Hessing</i>			
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1		/					51		
2			/				52		-
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4			/				54		
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47							97		
48							98		
49							99		
50							100		
TOTAL IND.			/				TOTAL IND.		
TOTAL DEP.			/				TOTAL DEP.		
TOTAL CLAIMS			/				TOTAL CLAIMS		

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